

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 23 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2435

State File No. \_\_\_\_\_

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 326

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Independence  
(c) Name of hospital or institution: 102 So. Fuller  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME

Julia Nancy Dutton  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 27 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 8 21 hr. min.

9. Birthplace Jacksonville Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ormond Dutton  
13. Birthplace Vermont  
(City, town, or county) (State or foreign country)  
14. Maiden name Allen  
15. Birthplace Maine  
(City, town, or county) (State or foreign country)

16. (a) Informant Ava E Wildermuth  
(b) Address Independence, Mo.

17. (a) Removal (b) Date thereof 12-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jacksonville, Wis

18. (a) Signature of funeral director Cato E. Sparks  
(b) Address Independence, Mo.

19. (a) 12-19-42 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 So. Fuller (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 10-12-42 to 10-18-42  
that I last saw him alive on 10-12-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to Cardiac atherosclerosis  
Due to General atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
23. Signature James W. Ross M. D. or other \_\_\_\_\_  
Address Indep. Mo. Date signed 12-18-42

1163 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P.O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.